

CONTAINER REQUEST FORM (CRF)			DATE
<p>E-mail completed CRF to the e-mail address below 90 DAYS prior to ship date, 30 DAYS for repair. WSSTERMDZ03 (sec. 8.b)</p> <p style="text-align: center;">NAVSUP Weapon Systems Support 700 Robbins Avenue Philadelphia, PA 19111-5098</p> <p>E-MAIL ADDRESS: NAVSUPCRF.fct@navy.mil</p>			
1. Contractor Name		DODAAC (Ship Code, if known)	
2. Contract #: (Use one CRF per contract)		Repair <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Delivery Order(s)	Container NSN	Quantity	End-Item NSN (Part # if no NSN) List one per Container
4. NAVSUP WSS BUYER'S Code (If available)		5. Estimated End-Item Delivery Date	
6. Ship Requested Containers to: (No P.O. Boxes)			
7. Remarks			
8. Contractor Representative's Name		Telephone No.	FAX or E-mail Address